

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048249

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

6809

FILED DEC 27 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
11 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Trinity Lutheran Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN North Kansas City (64116)

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

514 E. 27th Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
William Earl Sims

4. DATE OF DEATH Month Day Year
December 14, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-25-1891

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Judge

Police Dept.

Lawson, Missouri

U. S. A.

13a. FATHER'S NAME

James C. Sims

13b. MOTHER'S MAIDEN NAME

Georgia Hart

14. NAME OF HUSBAND OR WIFE

Mrs. Nelle M. Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

16, Mo. Mr. Kenneth C. Sims-514 E. 27th Ave. N.K.C.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gastric hemorrhage due to

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.

DUE TO (b)

Multiple acute gastritis + duodenal

DUE TO (c)

Ulcer - Chronic duodenal ulcer

15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus 10 yrs
Post op. Cholecystectomy - 2 days

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1950, to Dec 14, 1963 and last saw him alive on Dec 14, 1963
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DR. Edgar H. Fischer M.D.

22b. ADDRESS

306 E. 27th NKC 64116 MO

22c. DATE SIGNED

12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

Liberty, Missouri

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons-North Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

12-16-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Edw. H. Fischer

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chester E. Brown

Licensed Embalmer No.

4931

P. O. Address

KE VMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.